

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
1	Name of the candidate:			Gender:	
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness/operation, if any (specify nature of illness/operation)				
4	Height in cm:	Weight in kg:	Blood Group:	Rh:	
5	Past History	(a) Mental illness (b) Epileptic Fit			
6	Chest (a) Inspiration in cm		(b) Expiration in cm		
7	Hearing				
8	Vision with or without glasses:	Right Eye _____	Left Eye _____	Colour Blindness _____	Unocular vision (having vision in only one eye) _____
9	Respiratory System				
10	Nervous System				
11	Heart	(a) Sounds	(b) Murmur		
12	Abdomen (a) Liver (b) Spleen	Hernia	Hydrocele		
<p>Any other defects:</p> <p style="text-align: center;">Certificate of Medical Fitness</p> <p><input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, and medical fitness and is FIT for admission to PhD programme at IPE Visakhapatnam</p> <p><input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to the following defects:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of the Doctor Regn. No Signature with date</p> <p>Seal</p>					